

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<b>CALIFORNIA FORM 460</b>	
Date Stamp <b>FILED</b>	
Statement covers period from <u>01/01/2008</u> through <u>06/30/2008</u>	Date of election if applicable: (Month, Day, Year) <b>JUL 18 2008</b>
For Official Use Only <b>CITY OF SANTA MARIA</b> BY: <u>City Clerk</u>	
SEE INSTRUCTIONS ON REVERSE	

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

Officeholder, Candidate Controlled Committee    Primarily Formed Ballot Measure Committee  
 State Candidate Election Committee    Controlled  
 Recall    Sponsored  
(Also Complete Part 5)    Sponsored  
 General Purpose Committee    Primarily Formed Candidate/  
 Sponsored    Officeholder Committee  
 Small Contributor Committee    (Also Complete Part 7)  
 Political Party/Central Committee

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Alice Patino for City Council

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)

2450 Professional Pkwy, Suite 220  
CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455 805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

2151 S College Drive, Suite 101  
CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455  
OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**  
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-17-08 Date 7-17-08  
By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California

Measure

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM  
460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria	CITY 2450 Professional Pkwy, Suite 220	STATE Santa Maria, CA	ZIP 93455
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**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET ADDRESS (NO P.O. BOX)
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COMMITTEE ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
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CITY			
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COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	STREET ADDRESS (NO P.O. BOX)
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NAME OF TREASURER	STATE	ZIP CODE	AREA CODE/PHONE
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CITY			
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**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE	BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER Identify the controlling officeholder, candidate, or state measure proponent, if any.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	
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**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
<b>Statement covers period</b>	
<b>from</b>	<b>01/01/2008</b>
<b>through</b>	<b>06/30/2008</b>
<b>Page</b>	<b>3</b>
<b>of</b>	<b>4</b>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Alice Patino for City Council

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions .....	Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received .....	Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ 0.00	\$ 0.00

**Contributions Received**

**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

10. Contributions Received	\$ _____	\$ _____
20. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

6. Payments Made .....	Schedule E, Line 4	\$ 71.00	\$ 71.00
7. Loans Made .....	Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 71.00	\$ 71.00
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 71.00	\$ 71.00

**Current Cash Statement**

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ 2,891.80	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	\$ 0.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$ 0.00	
15. Cash Payments .....	Column A, Line 8 above	\$ 71.00	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,820.80	

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ 0.00	
18. Cash Equivalents .....	See instructions on reverse	\$ 0.00	
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ 0.00	

**Cash Equivalents and Outstanding Debts**

SUMMARY PAGE

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

## Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
<b>Statement covers period</b>	<b>from</b> <u>01/01/2008</u>
<b>through</b> <u>06/30/2008</u>	<b>Page</b> <u>4</u> <b>of</b> <u>4</u>
<b>I.D. NUMBER</b> <u>1227669</u>	

<b>CODES:</b> If one of the following codes accurately describes the payment, you may enter	member communications
CMP campaign paraphernalia/misc.	MTG meetings and appearance
CNS campaign consultants	OFC office expenses
CTB contribution (explain nonmonetary)*	PET petition circulating
CVC civic donations	PHO phone banks
FIL candidate filing/ballot fees	POL polling and survey research
FND fundraising events	POS postage, delivery and mailing
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal defense)
LEG legal defense	PRT print ads

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ 0.00
2. Unitermized payments made this period of under \$100 .....	\$ 71.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ 0.00
<b>4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)</b> .....	<b>\$ 71.00</b>